SEP 28 2005 BU

Signature

Date

Printed name

John D. Wright

September 26, 2005

PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE he Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/696,698 Filing Date TRANSMITTAL October 29, 2003 First Named Inventor **FORM** Christopher Wallce Willoughby Art Unit 3653 Examiner Name Thomas A. Morrison (to be used for all correspondence after initial filing) **Attorney Docket Number** 7261.3002.002 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC / Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer Extension of Time Request** below): return postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name

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PTO/SB/17 (12-04v2)
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Fees pursuant to the Consolid			Δ	pplication Numbe	er 10/696,6	398					
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For	r FY 20	005	Fir	rst Named Invent	tor Christop	her Wallace \	Willoughby				
	Ex	Examiner Name Thom		nas A. Morrison							
	— Ar	Art Unit 3653									
TOTAL AMOUNT OF PAY	MENT (\$)	400.00	Att	ttorney Docket No. 7261.3002.002							
METHOD OF PAYMEN	T (check all	that apply)									
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0852 Deposit Account Name: Reising											
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION		<u> </u>		· · ·		·					
1. BASIC FILING, SEAR	RCH, AND F	EXAMINATION FEE	ES								
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Utility	300		500	250		00					
Design	200	100	00	50		55 -					
Plant	200	100 30	00	150		30 -					
Reissue	300	150 50	00	250		00 -					
Provisional	200	100	0	0	0 .	0 -					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 20 - 20 or HP = 0 x =											
Other (e.g., late filing	z surcharge)):									
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Name (Print/Type) John # W	/right					Date Septem	her 26, 2005				

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APPLICANT:

Christopher Wallace Willoughby

SERIAL NO:

10/696,698

FILED:

October 29, 2003

FOR:

MEDICATION DISPENSING METHOD AND APPARATUS

EXAMINER:

Thomas A. Morrison

ART UNIT:

3653

DOCKET NO:

7261.3002.002

Commissioner for Patents MAIL STOP: AMENDMENT Alexandria, VA 22313-1450

September 26, 2005

AMENDMENT

Sir:

In response to the Non-final Office Action dated July 29, 2005, please amend this application as follows:

CERTIFICATION 37 C.F.R. 1.8a and 1.10

(Express Mail Label number is mandatory) (Express Mail certification is optional).

I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. 1.8a

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